Attorney Docket No. 1019519-000431

	IN THE UNITED STATES PATENT AND TRADEMARK OFFICE									
JAN.	0 4 2007 In re F	Patent Application of	MAIL STOP AMENDMENT							
A PARTE IN	Nagar	Ki Hanaki et al.	Group Art Unit: 2853							
ř	Applic	eation No.: 10/502,217	Examiner: Manish S. Shah							
	Filing	Date: July 21, 2004	Confirmation No.: 9184							
	Title:	WATER-SOLUBLE PHTHALOCYANINE COMPOUND- CONTAINING INK FOR INK JETTING, INK)								
	AMENDMENT/REPLY TRANSMITTAL LETTER									
	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
	Sir:									
٤	Enclosed is a reply for the above-identified patent application.									
ě		A Petition for Extension of Time is enclosed.								
	\boxtimes	A Terminal Disclaimer and the \square \$65 \boxtimes \$130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed.								
		Also enclosed is/are:								
		Small entity status is hereby claimed.								
		Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\square\$ \$395 \$\square\$ \$790 fee due under 37 C.F.R. § 1.17(e).								
		Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.								
		Applicant(s) previously submittedcontinued examination is requested.	on for which							
		Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i is enclosed.								
		A Request for Entry and Consideration of S (1809/2809) is also enclosed.	ubmission under 37 C.F.R. § 1.129(a)							

\boxtimes	No additional cl	laim fee is	required.								
An additional claim fee is required, and is calculated as shown below:											
AMENDED CLAIMS											
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additio	nal Fee				
Total Claims		10	20	0	x \$ 50 (1202)	\$	(
Independent Claims		3	3	0	x \$ 200 (1201)		(
☐ If Amendment adds multiple dependent claims, add \$ 360 (1203)							-				
Total	\$										
☐ Sn											
TOTA	\$										
	Charge to Deposit Account No. 02-4800 for the fee due. A check in the amount of is enclosed for the fee due. Charge \$130 to credit card for the fee due. Form PTO-2038 is attached.										
	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.										
	Respectfully submitted,										
	BUCHANAN INGERSOLL & ROONEY PC										
Date	January 4, 2007		By: Rober	ben S. t G. Mukai	. Whula-						

Registration No. 28531

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